

## Emergency Services District (ESD) Reporting Form Jan. 1, 2021

Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2021.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

**ESD Name (i.e., Buffalo County ESD No. 99)**

Burnet County ESD #7

**County or Counties in Which ESD is Located**

Burnet

**ESD Business Address**

104 S. Rhomberg St.

Street Address

Street Address Line 2

Burnet

City

Texas

State / Province

78611

Postal / Zip Code

United States

Country

**ESD email**

rhed7@yahoo.com

**ESD phone**

512 - 756-3359

Area Code Phone Number

**ESD website**

Burnetesd.org

**Type of ESD**

- ☒ Fire  
☐ Emergency Medical Service  
☐ Both

**Annual ESD Budget**

\$571,943.00

**Tax rate (most recently adopted; i.e., \$0.10/\$100)**

.0889%

**Population of ESD**

8600

**Area (sq. miles) of ESD**

220

**Does your ESD collect a sales tax?**

- ☐ Yes  
☒ No

**If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)**

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**Name of ESD Commissioner (Commissioner No. 5)**

**Randy Hartman**  
First Name Last Name

**E-mail**

rlhartman1960@sbcglobal.net

**Term Expires (example: 12/31/19)**

12/31/21

**Name of ESD's legal counsel**

**John Carlton**  
First Name Last Name

**Address**

Street Address

Street Address Line 2

**Austin**

City

**Texas**

State / Province

Postal / Zip Code

**United States**   
Country

**Phone Number**

**512 - 614-0901**  
Area Code Phone Number

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**E-mail**

john@carltonlawaustin.com

**Name of ESD's general manager, executive director or administrator (N/A if none)**

First Name

Last Name

**E-mail**

**Name of fire chief or EMS CEO**

First Name

Last Name

**E-mail**

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**Names of Other Consultant**

First Name

Last Name

**Service provided (i.e. audit)**

E-mail

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**Names of Other Consultant**

First Name

Last Name

**Service provided (i.e. audit)**

E-mail

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**Question or comment**

**Submit Form**

Must be using Adobe Reader to submit form.

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